



IFN  
1637

Docket No: 10738-29

**PATENT**

**CERTIFICATE OF MAILING**

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment; Commissioner for Patents; P.O. Box 1450; Alexandria, VA 22313-1450 on January 12, 2006.

*D-M. C-TD*

Denise M. Everett

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**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

Applicants: Sharp, Frank R. et al

Serial No.: 09/996,275

Group Art Unit: 1637

Filed: Nov. 28, 2001

Examiner: Jeffrey N. Fredman

For: **Blood Assessment of Injury**

**AMENDMENT**

10 Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

15 Dear Sir:

In response to the Office Action dated October 12, 2005, Applicants submit the following Amendment.

**Amendments to the Specification** are set forth beginning on page 2 of this paper.

20 **A Current Listing of the Claims** begins on page 3 of this paper.

**Remarks** begin on page 18 of this paper.

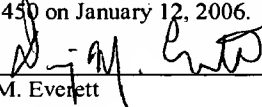


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Denise M. Everett

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**

Applicant: Frank R. Sharp :  
Serial No.: 09/996,275 : Group Art Unit: 1637  
Filed: November 28, 2001 : Examiner: Jeffrey N. Fredman  
For: Blood Assessment of Injury :

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

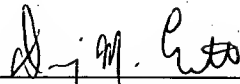
- ☐ additional fee is required.  
☐ also attached: Amendment, Return postcard

The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	91	93	0	x \$25 =	\$-0-
Independent Claims	14	14	0	x \$100 =	\$-0-
If multiple claims newly presented, add \$145.00					-----
0 Month Extension Fee					\$-0-
Information Disclosure Statement					\$00.00
<b>TOTAL FEE DUE</b>					<b>\$-0-</b>

- ☐ Please charge my Deposit Account No. 04-1133 in the amount of \$.
- ☐ Please charge the amount of \$\_\_\_\_\_ to our Visa credit card. Form PTO-2038 is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment, to Deposit Account No. 04-1133, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

By: 

Denise M. Everett

Registration No.

Attorney for Applicant(s) 47,552

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